ILLINOIS

MAIL-IN VOTER REGISTRATION APPLICATION

Shaded Areas Not Required

Voi	a can use this form to:			This or	anco ic	for offi	icial usa or	1117		
• register to vote			This space is for official use only.							
• re	eport that your name or address has changed egister with a party									
Plea	ase print in blue or black ink									
1	Mr. Last Name	First N	ame			Middle	e Name(s)		(Circle one)	
1	IM188.						()		Ĵr Sr II III ÎV	
	Ms.		T	or m			la.	- I		
2	Address (see instructions) — Street (or route and box	number)	Apt., or Lot #	City/Tow	n		State	Zip (Code	
3	Address Where You Get Your Mail If Different From Above (see instructions)			City/Town State Zip Code					Code	
4	Date of Birth / / Month Day Year 5 Telephone Number (optional)				6 ID Number (see item 6 in the instructions for your State)					
7	Choice of Party (see Item 7 in the instructions for your State)				8 Race or Ethnic Group (see item 8 in the instructions for your State)					
	I swear/affirm that: I am a United States citizen I meet the eligibility requirements of my state and subscribe to any oath required. (See item 9 in the instructions for your state before you sign.) The information I have provided is true to the best of my				Please sign full name (or put mark) ▼					
9	(See item 9 in the instructions for your start of the information I have provided is true to	re you sign.)	X							
_	knowledge under penalty of perjury. If I have provided				Date:					
	false information, I may be subject to a f	prison-	Month Day Year							
		2			111	,,,,,,,	ouj icui			
_	ment or both under Federal or State laws		at this application	2 Give nan	ne addres	es and nho	ne number (ni	one ni	imber ontional)	
10			ut this application	? Give nan	ne, addres	ss and pho	one number (pl	one nu	ımber optional).	
10			ut this application	n? Give nan	ne, addres	ss and pho	one number (pl	one nu	umber optional).	
	If the applicant is unable to sign, who helped the appl	licant fill ou								
	If the applicant is unable to sign, who helped the appl	licant fill ou								
	If the applicant is unable to sign, who helped the application is for a change of name,	ions what w	below as your nam		ey a	ppl nanged	y to y			
	Please fill out the section is application is for a change of name, Mrs. Last Name	licant fill ou	below as your nam		ey a		y to y			
P If th	Please fill out the section is application is for a change of name, Mr. Last Name Miss. Miss.	ions ions what w	below as your nam	if the before	ey a you cl	ppl nanged le Nam	y to y it?	ou	Fold here (Circle one) Jr Sr II III IV	
P If th	Please fill out the section is application is for a change of name, Mr. Last Name Mrs. Miss. Miss. Miss were registered before but this is the first time you and	ions what w	below as your nam	if the before	ey a you ch Midd	ppl nanged le Nam	y to y it? dress where yo	ou	Fold here (Circle one) Jr Sr II III IV registered before?	
P If th	Please fill out the section is application is for a change of name, Mr. Last Name Miss. Miss.	ions what w	below as your nam	if the before	ey a you ch Midd	ppl nanged le Nam	y to y it?	ou	Fold here (Circle one) Jr Sr II III IV	
P If the	Please fill out the section is application is for a change of name, Mr. Last Name Mrs. Miss. Miss. Miss were registered before but this is the first time you and	ions what w First Nam	below as your name ne ng from the addi pt, or Lot #	if the before	ey a you ch Midd Midd Σ, what w	appl nanged le Nam	y to y it? e(s) dress where yo State	OU	Fold here (Circle one) Jr Sr II III IV registered before? Zip Code	
P If the	Please fill out the section is application is for a change of name, Mr. Last Name Mrs. Miss. Miss Miss the first time you are Street (or route and box number) u live in a rural area but do not have a street number of the application is unable to sign, who helped the application is unable to sign, which is unable to sign, who helped the application is unable to sign, which is unable t	ONS what w irst Nam re registeria	below as your namene In a from the add the pt, or Lot #	if the before City/	ey a you cl Midd Midd Γown	nppl nanged le Nam as your ad	y to y it? dress where yo State he map wher	OU were	Fold here (Circle one) Jr Sr II III IV registered before? Zip Code live.	
P If the	Please fill out the section is application is for a change of name, Mr. Mrs. Mrs. Miss Miss Were registered before but this is the first time you and Street (or route and box number) u live in a rural area but do not have a street number of the crosss • Write in the names of the crosss • Draw an X to show where you	icant fill or	below as your name ne ng from the addi pt, or Lot # if you have no r streets) nea	if the before City/ address, parest to v	ey a you che Midd Midd Fown Selease sh	ippl nanged le Nam as your ad	y to y it? dress where yo State he map wher	OU were	Fold here (Circle one) Jr Sr II III IV registered before? Zip Code	
P If the	Please fill out the section is application is for a change of name, Mr. Mrs. Miss. Miss. Were registered before but this is the first time you and street (or route and box number) u live in a rural area but do not have a street number of the crosss. • Draw an X to show where you on the use a dot to show any schools.	icant fill or or or or or or or churche	below as your name ne from the addi pt, or Lot # if you have no r streets) neas, stores, or	if the before ress in Box: City/ address, parest to voother lar	ey a you che Midd Midd Fown Selease sh	ippl nanged le Nam as your ad	y to y it? dress where yo State he map wher	OU were	Fold here (Circle one) Jr Sr II III IV registered before? Zip Code live.	
P If the	Please fill out the section is application is for a change of name, Mr. Mrs. Mrs. Miss Miss Were registered before but this is the first time you and Street (or route and box number) u live in a rural area but do not have a street number of the crosss • Write in the names of the crosss • Draw an X to show where you	icant fill or or or or or or or churche	below as your name ne from the addi pt, or Lot # if you have no r streets) neas, stores, or	if the before ress in Box: City/ address, parest to voother lar	ey a you che Midd Midd Fown Selease sh	ippl nanged le Nam as your ad	y to y it? dress where yo State he map wher	OU were	Fold here (Circle one) Jr Sr II III IV registered before? Zip Code live.	
P If the	Please fill out the section is application is for a change of name, Mr. Last Name Mrs. Miss. Miss. Were registered before but this is the first time you are Street (or route and box number) Ulive in a rural area but do not have a street number of the crosss. • Draw an X to show where you. • Use a dot to show any schools, near where you live, and write the section of the cross of the cross.	icant fill or or or or or or or churche	below as your name ne from the addi pt, or Lot # if you have no r streets) neas, stores, or	if the before ress in Box: City/ address, parest to voother lar	ey a you che Midd Midd Fown Selease sh	ippl nanged le Nam as your ad	y to y it? dress where yo State he map wher	OU were	Fold here (Circle one) Jr Sr II III IV registered before? Zip Code live.	
P If the	Please fill out the section is application is for a change of name, Mr. Mrs. Miss Were registered before but this is the first time you and Street (or route and box number) • Write in the names of the cross of Draw an X to show where you of Use a dot to show any schools, near where you live, and write to Example	icant fill or in the control of the	below as your name me from the adde pt, or Lot # if you have no r streets) nea s, stores, or e of the land	if the before ress in Box: City/ address, parest to voother lar	ey a you che Midd Midd Fown Selease sh	ippl nanged le Nam as your ad	y to y it? dress where yo State he map wher	OU were	Fold here (Circle one) Jr Sr II III IV registered before? Zip Code live.	
P If the	Please fill out the section is application is for a change of name, Mr. Mrs. Miss were registered before but this is the first time you and Street (or route and box number) Write in the names of the crosss Oraw an X to show where you and the control of the cross of the cros	icant fill or or or or or or or churche	below as your name me from the adde pt, or Lot # if you have no r streets) nea s, stores, or e of the land	if the before ress in Box: City/ address, parest to voother lar	ey a you che Midd Midd Fown Selease sh	ippl nanged le Nam as your ad	y to y it? dress where yo State he map wher	OU were	Fold here (Circle one) Jr Sr II III IV registered before? Zip Code live.	
P If the	Please fill out the section is application is for a change of name, is application is application is for a change of name, is application is application in the first time you are street in the names of the cross of the	icant fill or in the control of the	below as your name ne ng from the adde pt, or Lot # if you have no r streets) ne s, stores, or e of the land.	if the before ress in Box: City/ address, parest to voother lar	ey a you che Midd Midd Fown Selease sh	ippl nanged le Nam as your ad	y to y it? dress where yo State he map wher	OU were	Fold here (Circle one) Jr Sr II III IV registered before? Zip Code live.	
P If the	Please fill out the section is application is for a change of name, Mr. Mrs. Miss Were registered before but this is the first time you and Street (or route and box number) Write in the names of the crossses of Draw and X to show where you of the cross of the cr	icant fill or ican	below as your name ne ng from the adde pt, or Lot # if you have no r streets) ne s, stores, or e of the land.	if the before ress in Box: City/ address, parest to voother lar	ey a you che Midd Midd Fown Selease sh	ippl nanged le Nam as your ad	y to y it? dress where yo State he map wher	OU were	Fold here (Circle one) Jr Sr II III IV registered before? Zip Code live.	

DD Form 2644, NOV 94

Complete all Items 1 through 10 that are **not** shaded. **Sign and date** the form.

Item 2: Do not use a post office box or rural route without a box number. If this is the first time you are registering from this address, print the address where you were registered before in Item B.

Item 3: Complete this item only if your mail address is different from Item 2.

Item 6: Print your Social Security Number, the last four digits are required for registration.

Item 8: Leave blank.

Item 9: State Requirements:

• be a citizen of the United States

- be a resident of Illinois and your election precinct for at least 30 days before the next election
- be at least 18 years old on or before the next election
- not be in jail for a felony conviction
- not claim the right to vote anywhere else.

In addition, if this form is used for:

A. NAME CHANGE: Complete Item A.

B. ADDRESS CHANGE: Complete Item B.

C. VOTING RESIDENCE PHYSICAL DESCRIPTION:

Complete Item C if it is needed to clarify the physical location of voting residence (legal).

NOTE: If you register to vote by mail, you may be required to vote in-person the first time you vote.

A. WHAT TO DO

- (1) Provide the *Mail-In Voter Registration Application*, DD 2644 and *Voter Registration Information*, DD 2645, to prospective enlistee.
- (2) Assist eligible citizens in completing the *Mail-In Voter Registration Application*, DD 2644, unless the eligible citizen refuses assistance.
- (3) Send the completed *Mail-In Voter Registration Application*, DD 2644, to the address in the "Where To Send It" listed below.

B. WHEN TO SEND IT

A completed *Mail-In Voter Registration Application*, DD 2644, must be sent no later than 5 days after the day of acceptance. Refer to Appendix E for state registration deadlines.

C. WHERE TO SEND IT

Mail To:

State Board of Elections 1020 S. Spring Street Springfield, IL 62704

D. RECORDS REQUIRED

Recruiters must collect and maintain the following information in accordance with procedures established by respective recruiting commands.

Total number of "persons" that include the following:

- (a) Total persons assisted for recruiting services.
- (b) Total persons assisted for Voter Registration Applications.
- (c) Total Mail-In Voter Registration Application forms, DD 2644, completed.
- (d) Total *Voter Registration Information* forms, DD 2645, completed. This form must be retained for 24 months.

E. QUESTIONS AND ASSISTANCE

In the event assistance from the next higher command is not available, the Federal Voting Assistance Program can be reached at 800 438-VOTE (8683) or e-mail at **nvra@fvap.ncr.gov**.